



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
United States Patent and Trademark Office  
Address: COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, Virginia 22313-1450  
[www.uspto.gov](http://www.uspto.gov)



CONFIRMATION NO. 4352

Bib Data Sheet

|                             |  |              |                        |   |
|-----------------------------|--|--------------|------------------------|---|
| SERIAL NUMBER<br>10/782,398 | FILING OR 371(c)<br>DATE<br>02/18/2004<br>RULE | CLASS<br>604 | GROUP ART UNIT<br>3767 | ATTORNEY<br>DOCKET NO.<br>04-40081-US<br>(879388.20001) |
|-----------------------------|--|--------------|------------------------|---|

## APPLICANTS

Bruce K. Redding JR., Broomall, PA;

*One 18**Yes 18*

## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/447,922 02/19/2003 and is a CIP of 09/939,435 08/24/2001 ABN  
and is a CIP of 09/939,506 08/24/2001 ABN  
and is a CIP of 09/939,507 08/24/2001 ABN  
and is a CIP of 10/345,825 01/16/2003 PAT 6,908,448

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
\*\* 05/13/2004

|                                 |  |                        |                      |                    |                         |
|---------------------------------|--|------------------------|----------------------|--------------------|-------------------------|
| Foreign Priority claimed        | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no                                    | STATE OR COUNTRY<br>PA | SHEETS DRAWING<br>18 | TOTAL CLAIMS<br>14 | INDEPENDENT CLAIMS<br>1 |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after |                        |                      |                    |                         |
| Verified and Acknowledged       | <i>Bruce K. Redding</i><br>Examiner's Signature  | <i>18</i><br>Initials  |                      |                    |                         |

## ADDRESS

07066

## TITLE

Ultrasonically enhanced saline treatment for burn damaged skin

|                            |   |   |
|----------------------------|---|---|
| FILING FEE RECEIVED<br>460 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
|----------------------------|---|---|